

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

356 740

FILING DATE

5-25-89

APPLICANT(S)

Polar

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		①				
4		1				
5		1				
6	1					
7	1					
8		2				
9		1				
10		1				
11	1					
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50						
TOTAL IND.	3					
TOTAL DEP.	8					
TOTAL CLAIMS	13					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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